

~~10 | 764 612~~

(Column 1): (Column 2)

SMALL ENTITY	
RATE (\$)	FEE (\$)
X	=
X	=
TOTAL	

OTHER THAN  
'SMALL ENTITY

RATE (\$)	FEE (\$)
X =	
X =	
TOTAL	

TOTAL

TOTAL

10-1-07 (Column 1)	(Column 2)	(Column 3)
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SMALL ENTITY	
RATE (\$)	ADDITIONAL FEE (\$)
X      #	
X      #	
TOTAL ADD'L FEE	

OTHER THAN  
SMALL ENTITY

SMALL ENTITY	
RATE (\$)	ADDITIONAL FEE (\$)
X =	
X =	
TOTAL ADD'L FEE	

RATE (\$)	ADDITIONAL FEE (\$)
X =	
X =	
TOTAL ADD'L FEE	

RATE (\$)		ADDITIONAL FEE (\$)
X	=	
X	=	
TOTAL ADD'L FEE		

The "Highest Number Previously Paid For" (Total of Indemnity) is less than 3, enter "3"

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*